INSTRUCTIONS FOR STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER TRANSACTION REQUEST

1. Page: If multiple pages involved, please note here.

2. Agency: Enter name of agency submitting transaction.

3. Address: Enter address of state agency submitting transaction – where transaction can be sent if rejected.

4. Agency Document Number: Agency specific letter number for department tracking purposes.

5. Appropriation Data:

   - Four (4) or seven (7) digit fund number
   - Agency
   - Fiscal Year
   - Reference
   - Federal Catalog Number
   - Federal Project Number
   - Federal Character
   - Category
   - Program
   - Element
   - Component
   - Task
   - General Ledger Account
   - Revenue/Object Code

6. Amount: Enter the amount of your request.   Input amount in the proper decimal point position.

7. D/C Column: Enter whether this is a DEBIT (D) or a CREDIT (C). See chart below for guidelines.

8. "A" Column: Enter the appropriate account type. See chart below for guidelines.

Column 7		Column 8	
Increase	Decrease	Account Types	Account Description
Credit	Debit	D	Disbursing
Debit	Credit	F	Reimbursement or Payable
Credit	Debit	T	Transfer
Credit	Debit	R	Revenue

9. Source Fund: For reimbursement/payable accounts, this value is required and the preparer must list the four (4) or seven (7) digit source fund.

10. Description: The description field consists of 25 spaces. DO NOT input past the SOLID black line. **Special symbols are not allowed in this field, i.e. # : ; ( ) , .**

    NOTE: Items A-D when preparing direct transfer and/or payroll transaction corrections

    A. Date and document number as posted in Legacy Fiscal System
    B. If space permits include any additional information
    C. Ex: COR DTDOC MM/DD/YYYY OPEN
    D. Ex: COR CLODOC MM/DD/YYYY OPEN

11. Chapter Number/Year/Item: Enter chapter number/year/item that authorizes transaction, or any applicable legal authority.

12. Program Description: Enter program description as identified in the Budget Act Item or Special Legislation Section code.

13. Type of Transaction: Enter Controller's Receipt Correction, Claim Schedule Correction, etc.

14. Reason for Request/Legal Authority: Write detailed explanation and cite appropriate legal authority for request.

15. Authorized Signature: This represents the person certifying the correctness of the document.

16. Contact Person: Name of contact person or preparer to answer any questions that may arise during review of transaction.

17. Phone Number: Phone number of contact person.

18. Email: Email of contact person.

19. Date: Date the transaction request is completed.

STATE CONTROLLER'S USE ONLY				STATE CONTROLLER'S USE ONLY	
DOCUMENT NO.	DATE C C C C M M D D	MSG Code	**STATE OF CALIFORNIA OFFICE OF THE STATE CONTROLLER**	TC Code	VERIFIED BY:
JE			**TRANSACTION REQUEST**		DATE:

2   **3**   **1**   **4**

PAGE   OF

Agency: TYPE AGENCY NAME HERE	Address: TYPE ADDRESS HERE	Agency Document Number:

5

																		D	SCO USE				SOURCE
FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	BCO USE	REV / OBJ	AMOUNT		C	A	T	O	B	FUND

6   **10**   **11/12**   **7**   **8**   **9**

Rows labeled: DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM PROGRAM DESCRIPTION (repeated)

TYPE OF TRANSACTION:	**13**	I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.
LEGAL AUTHORITY AND REASON FOR REQUEST: **14**		AUTHORIZED SIGNATURE: **15**
		CONTACT PERSON: **16** — PHONE FOR CONTACT: **17**
		E-MAIL FOR CONTACT: **18** — DATE: **19**

NOT TO BE USED AS A CONTROLLER'S REMITTANCE ADVICE

CA 504 PC VERSION (03/2006)